Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4140AGZ	A. BUILDING _____ B. WING _____	10/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMERLIN RETIREMENT HOME	309 LA RUE COURT LAS VEGAS, NV 89145

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State licensure survey and complaint investigation conducted in your facility on October 21, 2008. This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The census at the time of the survey was six. Six resident files, four employee files and one closed file reviewed. Complaint # 13252 was investigated and found to be unsubstantiated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that my be available to any party under applicable federal, state or local laws. The following deficiencies were identified at the time of the survey.	Y 000		
Y 940 SS=E	449.2749(1)(g)(3) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical	Y 940		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 940	Continued From page 1 information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure the files for 4 of 6 residents (#1, #4, #5, #6) had evidence of an annual activities of daily living (ADL) assessment. Findings include: The file for Resident #1, admitted 7/5/06, contained evidence of an initial ADL assessment dated 6/7/07, however there was no documented evidence of a current annual assessment. The file for Resident #4, admitted 10/24/05, contained evidence of an annual ADL assessment dated 6/7/07, however there was no documented evidence of a current annual assessment. The file for Resident #5, admitted 7/27/05, contained evidence of an annual ADL assessment dated 6/7/07, however there was no documented evidence of a current annual assessment. The file for Resident #6, admitted 12/2/05, contained evidence of an annual ADL	Y 940		

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Y 940	Continued From page 2 assessment dated 6/7/07, however there was no documented evidence of a current annual assessment. Severity: 2 Scope: 2	Y 940		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the door alarms were operational at the time of the survey for 3 of 3 exit doors . Findings include: The facility's three doors (front entrance, garage entrance, and back door) contained door alarms, used to make staff aware of the possibility of resident(s) attempting to exit the facility without supervision. All three alarms were turned off and inoperative at the time of the survey. Severity: 2 Scope: 3	Y 991		